09/15/2011 18:52

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Kindred Healthcare, Inc. PAC 680 S. Fourth St. ADDRESS (number and street) Check if different than previously Louisville ΚY 40202 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00242271 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2011 8 0 3 1 2011 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hank Robinson Type or Print Name of Treasurer Hank Robinson Electronically Filed by 09 15 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Kindred Healthcare, Inc. PAC

FEC Form 3X (Rev. 02/2003)

D " D 08 0 1 2011 0.8 31 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 71255.22 January 1 (b) Cash on Hand at 63347.72 Begining of Reporting Period 55550.51 134643.01 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 118898.23 205898.23 6(a) and 6(c) for Column B) 46500.00 133500.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 72398.23 72398.23 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period:

м м 0 8

From:

D D 1

2 0 1 1

то:

м м 8 0 D D 31

Y Y Y Y 2 0 1 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ntributions (other than loans) From:		
(a)			
	Than Political Committees (i) Itemized (use Schedule A)	42635.00	78883.30
	(ii) Unitermined	3026.00	43870.20
	(ii) Unitemized(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	45661.00	122753.50
(b)	Political Party Committees	0.00	0.00
(c)			
` ,	(such as PACs)	0.00	0.00
(d)	,		
	11(a)(iii),(b) and (c)) (Carry	45661.00	122753.50
	Totals to Line 33, page 5)		
	ansfers From Affiliated/Other rty Committees	9889.51	9889.51
1 6	rty Committees		
B. All	Loans Received	0.00	0.00
1 1 0	an Danaymenta Danaiyad	0.00	0.00
+. L0 5. Of	an Repayments Receivedfsets To Operating Expenditures		
	efunds, Rebates, etc.)	0.00	0.00
	arry Totals to Line 37, page 5) funds of Contributions Made	0.00	0.00
	Federal candidates and Other		
	litical Committees	0.00	2000.00
	her Federal Receipts		
	vidends, Interest, etc.)	0.00	0.00
. Tra	ansfers from Non-Federal and Levin Funds		
(a)	Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
(b)	Levin Funds (from Schedule H5)	0.00	0.00
		0.00	0.00
(c)	Total Transfer (add 18(a) and 18(b)).	0.00	3.00
	al Receipts (add Lines 11(d),	55550.51	134643.01
12	13, 14, 15, 16, 17, and 18(c))	55050.51	134043.01
	al Federal Receipts	SESSO S1	104642.01
(su	btract Line 18(c) from Line 19)	55550.51	134643.01

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A	COLUMN B
Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) i ederal Stiate		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	▶ 0.00	0.00
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	45500.00	131500.00
Independent Expenditure		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d))	0.00	0.00
(use Schedule F)		
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	🅦	0.00
9. Other Disbursements	1000.00	2000.00
o. Other biobardements		
0. Federal Election Activity (2 U.S.C 431(2)	0))	
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
,,	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirel	0.00	0.00
With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).	0.00	0.00
00 00(0)).		
31. Total Disbursements (add Lines 21(c),		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	46500.00	133500.00
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	46500.00	133500.00
110111 LITTE 01/	40000.00	133300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	45661.00	122753.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	45661.00	122753.50
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

City State Zip Code KY 40207-2348 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Receipt For: Primary General Octupation FEC ID number of contributing federal political committee. Prospect KY 40059-7143 FEC ID number of contributing federal political committee. Prospect KY 40059-7143 FEC ID number of contributing federal political committee. Prospect KY 40059-7143 FEC ID number of contributing federal political committee. Primary General Occupation Vice President of Business Development Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
A. A. Full Name (Last, First, Middle Initial)	or for commercial purposes, other than using the	Statements may not be sold or used by any person ne name and address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee.		
Authory Disser Mailing Address 704 Rudy Lane City State Zip Code KY 40207-2348 FEC ID number of contributing federal political committee. Name of Employer Rindred Healthcare Beceipt For: Primary General Occupation State Zip Code KY 40207-2348 City State Zip Code KY 40005-7143 Date of Receipt Transaction ID: 41663990 Amount of Each Receipt his Perio Senior Vice President of Clinical Oper Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 41663990 Amount of Each Receipt his Perio Son.6 Date of Receipt Transaction ID: 41663990 Amount of Each Receipt his Perio Son.6 Date of Receipt Transaction ID: 41663990 Amount of Each Receipt his Perio Date of Receipt Transaction ID: 41663990 Amount of Each Receipt his Perio Date of Receipt Transaction ID: 41663990 Amount of Each Receipt his Perio Date of Receipt Date of Receipt Transaction ID: 41663990 Amount of Each Receipt his Perio Date of Receipt Date of Receipt Transaction ID: 41663990 Amount of Each Receipt his Perio Date of Receipt Date of Receipt Transaction ID: 41663990 Amount of Each Receipt his Perio Date of Receipt Date of Receipt Date of Receipt Transaction ID: 41663990 Amount of Each Receipt his Perio Date of Receipt Date of R					
City State Zip Code KY 40207-2348 FEC ID number of contributing federal political committee. Name of Employer Rindred Healthcare Senior Vice President of Clinical Oper Receipt For: Primary General Occupation City State Zip Code KY 40059-7143 FEC ID number of contributing federal political committee. Name of Employer Rindred Healthcare Senior Vice President of Clinical Oper Receipt For: Primary General Occupation Vice President of Clinical Oper Senior Vice President of Clinical Oper Primary State Zip Code KY 40059-7143 FEC ID number of contributing federal political committee. Name of Employer Rindred Healthcare Nother (specify) ▼	Anthony Disser				
Louisville			08 17 2011		
FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Receipt For: Primary General Other (specify) ▼ City State Zip Code Kindred Healthcare Receipt For: Primary General City State Zip Code Receipt For: Re		•			
Receipt For:	FEC ID number of contributing		500.00		
Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Chase B. Finley Mailing Address 13516 Ridgemoor Drive City State Zip Code KY 40059-7143 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare FEC ID number of contributing Thomas P Cooper Mailing Address P.O. Box 3335 City State Zip Code Rancho Santa Fe CA 92067-3335 FEC ID number of contributing City State Zip Code Rancho Santa Fe CA 92067-3335 FEC ID number of contributing federal political committee. Coccupation City State Zip Code Rancho Santa Fe CA 92067-3335 FEC ID number of contributing federal political committee. Coccupation City State Zip Code Rancho Santa Fe CA 92067-3335 FEC ID number of contributing federal political committee. Coccupation Coccupation City State Zip Code Rancho Santa Fe CA 92067-3335 FEC ID number of contributing federal political committee. Coccupation Coccupati	Name of Employer Kindred Healthcare	·			
Chase B. Finley Mailing Address 13516 Ridgemoor Drive City State Zip Code KY 40059-7143 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Primary General Other (specify) ▼ City State Zip Code KY 40059-7143 Coccupation Vice President of Business Development Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Thomas P Cooper Mailing Address P.O. Box 3335 City State Zip Code Rancho Santa Fe CA 92067-3335 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Qagregate Year-to-Date ▼ Coccupation Vice President of Business Development Aggregate Year-to-Date ▼ Transaction ID: 41624011 Amount of Each Receipt this Perior Date of Receipt Transaction ID: 41825765 Amount of Each Receipt this Perior Coccupation Board of Directors Receipt For: Qagregate Year-to-Date ▼ Primary General Primary General Primary General Primary General	Primary General	500.00			
City State Zip Code	Chase B. Finley		1		
Prospect FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas P Cooper Mailing Address P.O. Box 3335 City State Zip Code Rancho Santa Fe CA 92067-3335 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Occupation State Zip Code CA 92067-3335 Amount of Each Receipt this Perior	Mailing Address 13516 Ridgemoor Dr	Mailing Address 13516 Ridgemoor Drive			
FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas P Cooper Mailing Address P.O. Box 3335 City State Zip Code Rancho Santa Fe CA 92067-3335 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Occupation C C Date of Receipt Transaction ID: 41825765 Amount of Each Receipt this Perior Aggregate Year-to-Date ▼ 2500.00	•	•			
Receipt For: Primary	FEC ID number of contributing		2500.00		
Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Cother (specify) ▼ Primary General Cother (specify) ▼ Date of Receipt Date of Receipt M M M	Name of Employer Kindred Healthcare	· ·	ht		
Thomas P Cooper Mailing Address P.O. Box 3335 City State Zip Code Rancho Santa Fe CA 92067-3335 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Date of Receipt Transaction ID: 41825765 Amount of Each Receipt this Period 2000.6	Primary General				
City State Zip Code Rancho Santa Fe CA 92067-3335 FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General O 8 2 6 2 0 1 Transaction ID: 41825765 Amount of Each Receipt this Period 2000.0	, , , ,		Date of Receipt		
Rancho Santa Fe CA 92067-3335 Amount of Each Receipt this Period 2000.0 C Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Amount of Each Receipt this Period 2000.0	Mailing Address P.O. Box 3335				
FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For: Primary General C C C C Aggregate Year-to-Date ▼	•	·			
Receipt For: Primary General Board of Directors Aggregate Year-to-Date ▼	FEC ID number of contributing		Amount of Each Receipt this Period 2000.00		
Primary General	Name of Employer Kindred Healthcare Inc.	·			
	Primary General	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		5000.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 56 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S	Statements ma	v not be sold or used by any pers	n for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)			Data of Davids
Robert C. Gladney Mailing Address 3715 Ridgecrest Drive)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 41825766
Flower Mound	TX	75022-6145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1200.00
Name of Employer Kindred Healthcare Inc.	Occupatio CEO	n	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	33 13411	1200.00	
Full Name (Last, First, Middle Initial) Christopher Hjelm			Date of Receipt
Mailing Address 6350 South Clippenge	er Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 41825767
<u>Cincinnati</u>	OH	45243-3252	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Kindred Healthcare	Occupatio Kindred	n Board Member	
Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Sean R Muldoon			Date of Receipt
Mailing Address 239 Fairfax Avenue			0 8 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 41827316
Louisville	KY	40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP &	n Chief Med Off-HD	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)			7200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Phyllis Yale Mailing Address 14 Moon Hill Road City Lexington FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Receipt For: Primary General Other (specify)	State Zip Code MA 02421-6113 C Occupation Board of Directors Aggregate Year-to-Date 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 3 2 0 1 1 Transaction ID: 41827318 Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) Joel Ackerman Mailing Address 255 W. 88th Street, City New York FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare Inc. Receipt For:	Apt. 9B State Zip Code NY 10024-1718 C Occupation Board of Directors Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 0 1 1 Transaction ID: 41827376 Amount of Each Receipt this Period 5000.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Paul J Diaz Mailing Address 204 Loganberry Cou City Louisville FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare, Inc Receipt For:	5000.00	Date of Receipt M M J D D J Z O 1 1 Transaction ID: 41830758 Amount of Each Receipt this Period 5000.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	5000.00	15000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/56 (check only one)	
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	g and marrie and date	area or any pomoa committee to		
Full Name (Last, First, Middle Initial) Susan Kay Krall			Date of Receipt	
Mailing Address 6801 Atlanta Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 41842187	
Colleyville FEC ID number of contributing federal political committee.	C	76034-5681	Amount of Each Receipt this Period 1100.00	
Name of Employer RehabCare	Occupatio Regional			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00		
Full Name (Last, First, Middle Initial) Eddy J. Rogers, Jr. Mailing Address 600 Travis Street			Date of Receipt 0 8 1 9 2 0 1 1	
City	City State Zip Code			
<u>Houston</u>	TX	77002-3009	Transaction ID: 41842191 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		5000.00	
Name of Employer Kindred Healthcare Inc.	Occupatio Board of	n Directors		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00		
Full Name (Last, First, Middle Initial) Traci Shelton			Date of Receipt	
Mailing Address 2913 3rd. Street #	‡ 201		0 8 3 0 2 0 1 1	
City Santa Monica	State CA	Zip Code	Transaction ID: 42001663	
FEC ID number of contributing federal political committee.	C	90405	Amount of Each Receipt this Period 1770.00	
Name of Employer Kindred Healthcare Inc.	Occupatio Exec VP	n -West Reg-HD		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 4620.00		
SUBTOTAL of Receipts This Page (optional	-0		7870.00	

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Teresa S Anderson		Date of Receipt
Mailing Address 7115 Coachwood Driv	08 31 2011	
City	State Zip Code	Transaction ID: PR1094183722633
Georgetown	IN 47122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Edward L Kuntz		Date of Receipt
Mailing Address 8807 Stable Crest Bo	ulevard	0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094183922633
Houston	TX 77024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Kindred Healthcare Inc.	Occupation Chairman of the BOD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1700.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) David R Windhorst		Date of Receipt
Mailing Address 2000 Spring Farms R	oad	08 31 7 2011
City	State Zip Code	Transaction ID: PR1094185022633
Floyds Knobs	IN 47119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Financial Sys Dev	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
CURTOTAL of Possints This Page (antional)		320.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Lawrence I Wolf		Date of Receipt
	Mailing Address 4826 N Winthrop Ave	#3S	08 / 31 / 2011
	City Chicago	State Zip Code IL 60640	Transaction ID: PR1094185122633
	FEC ID number of contributing federal political committee.	C 00040	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Health Info Tech Strateg	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Katheryn J Markham		Date of Receipt
	Mailing Address 10602 Taylor Farm C	08 31 2011	
	City	State Zip Code	Transaction ID: PR1094185622633
	Prospect	KY 40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning&FieldSvcs	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	765.00	P/R Deduction (\$45.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Catherine A Gooch		Date of Receipt
	Mailing Address 14516 Clear Meadow	Court	08 31 2011
	City	State Zip Code	Transaction ID: PR1094185922633
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	340.00	Weekly)
Γ			170.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/56 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	the name and adv	areas or any pondear committee to	Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial) Patrick J Gillenwater			Date of Receipt
Mailing Address 402 Erin Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094186422633
<u>Jeffersonville</u>	IN	47130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Kindred Healthcare Inc.	Occupatio Dir IS Ac	n Iministration	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 297.50	P/R Deduction (\$17.50 Bi- Weekly)
Full Name (Last, First, Middle Initial) William B Seibert	.		Date of Receipt
Mailing Address 4706 Wolfcreek Pkw	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Louisville	State KY	Zip Code 40241	Transaction ID: PR1094187422633
FEC ID number of contributing federal political committee.	C	40241	Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc.	Occupatio Sr Dir Fi	n n Sys Dev	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 510.00	P/R Deduction (\$30.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)			2. (2.)
Charles Wardrip Mailing Address 2805 Chestnut Ridg	e Place		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094187922633
Louisville	KY	40245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		70.00
Name of Employer Kindred Healthcare Inc.		os & Telecomm	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 595.00	P/R Deduction (\$35.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		165.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 56 (check only one) X
A C	any information copied from such Reports and r for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
۷.	Full Name (Last, First, Middle Initial) Stephen M Dobler			Date of Receipt
	Mailing Address 1106 Holly Springs D	rive		08 / 031 / 2011
	City Louisville	State KY	Zip Code 40242	Transaction ID: PR1094188022633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1004	90.00
	Name of Employer Kindred Healthcare Inc.	Occupatio VP IS Fir	n nance & Admin	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 765.00	P/R Deduction (\$45.00 Bi-Weekly)
 3.	Full Name (Last, First, Middle Initial) Terry Carrico			Date of Receipt
	Mailing Address 3011 Wolf Lair Court	08 / 031 / 2011		
	City New Albany	State IN	Zip Code	Transaction ID: PR1094188222633
	FEC ID number of contributing federal political committee.	C	47150	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr Dir Cl	n in Systems Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
_ ;.	Full Name (Last, First, Middle Initial) Steven J Paynter			Date of Receipt
	Mailing Address 3105 Crestmoor Cour	t		08 31 2011
	City	State	Zip Code	Transaction ID: PR1094188422633
	Prospect FEC ID number of contributing federal political committee.	C	40059	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr CnsIt	n Tech Arch	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		170.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 56 (check only one) X 11a
A C	r for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Martin Ardron		Date of Receipt
	Mailing Address 41 La Sierra Dr.		08 31 7 2011
	City Phillips Ranch	State Zip Code CA 91766	Transaction ID: PR1094189122633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Div VP Hosp Rehab-PRS	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Michael Metzger	1	Date of Receipt
	Mailing Address 129 Foley Rd	0 8 3 1 2 0 1 1	
	City	State Zip Code	Transaction ID: PR1094189322633
	West Point FEC ID number of contributing federal political committee.	VA 23181	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Jan Turk	1	Date of Receipt
	Mailing Address 1314 Amelia St.		08 31 2011
	City	State Zip Code	Transaction ID: PR1094190022633
	New Orleans FEC ID number of contributing federal political committee.	LA 70115	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Resource CEO HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	,	140.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 56 (check only one) X 11a
A	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may no e name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
. K	Full Name (Last, First, Middle Initial) Larry Foster			Date of Receipt
	Mailing Address 1134 W. Granville Ave Unit 815	enue		0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Chicago	State IL	Zip Code	Transaction ID: PR1094190322633
	Chicago FEC ID number of contributing federal political committee.	C	60660	Amount of Each Receipt this Period 75.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec	Off III	
	Receipt For:	+	ear-to-Date V	
	Primary General Other (specify) ▼		450.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Jack Shapiro	<u> </u>		Date of Receipt
	Mailing Address 22591 Covington Drive	9		0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094190422633
	Deer Park	<u>IL</u>	60010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Division VF	P-HD	
	Receipt For:	Aggregate Yo	ear-to-Date ▼	
	Primary General Other (specify) ▼		900.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Theodore Welding	1		Date of Receipt
	Mailing Address 2448 Middle River Dr.			08 31 2011
	City	State	Zip Code	Transaction ID: PR1094191322633
	Ft. Lauderdale	FL	33305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive [
	Receipt For: Primary General	Aggregate Yo	ear-to-Date ▼	D/D Doduction (#05.00 B)
	Other (specify)		425.00	P/R Deduction (\$25.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	1		275.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
, C	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Sean R Muldoon		Date of Receipt
	Mailing Address 239 Fairfax Avenue		08 / 01 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	City Louisville	State Zip Code KY 40207	Transaction ID: PR1094192222633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Deborah R Doddridge		Date of Receipt
	Mailing Address 312 Hill Street NW		08 31 7 2011
	City	State Zip Code	Transaction ID: PR1094193022633
	Depauw FEC ID number of contributing federal political committee.	IN 47115	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Procure Sys & Capital	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Joel W Day		Date of Receipt
	Mailing Address 2017 Spring Farms D	rive	08 31 2011
	City	State Zip Code	Transaction ID: PR1094193122633
	Floyds Knobs FEC ID number of contributing federal political committee.	IN 47119	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & Controller-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$30.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	275.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
. ∠ 4.	Full Name (Last, First, Middle Initial) Susan Moss			Date of Receipt
	Mailing Address 161 Westwind Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094193322633
	Louisville	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp C	n Communications	
	Receipt For:	, ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		680.00	P/R Deduction (\$40.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Michael C Lozier			Date of Receipt
-	Mailing Address 7028 Westridge Forest	t Court		0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094193722633
	<u>Lanesville</u>	IN	47136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Purch	n n Contract Admin	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		255.00	P/R Deduction (\$15.00 Bi- Weekly)
_ ;_	Full Name (Last, First, Middle Initial) Charles Michael Grannan	<u> </u>		Date of Receipt
	Mailing Address 7109 Cannonade Cour	rt		0 8 3 1 2 0 1 1
	City	State	Zip Code	Transaction ID: PR1094193922633
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Purch		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		595.00	P/R Deduction (\$35.00 Bi- Weekly)
				180.00
-	SUBTOTAL of Receipts This Page (optional))	100.00
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any pers	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Dennis J Hansen		Date of Receipt
	Mailing Address 1791 Connor Station F	Road	0 8 3 1 Y Y Y Y Y Y
	City Simpsonville	State Zip Code KY 40067	Transaction ID: PR1094194122633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Reimb-NCD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 595.00	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman		Date of Receipt
	Mailing Address 4308 Hampton Creek	Drive	08 31 2011
	City	State Zip Code	Transaction ID: PR1094194222633
	Louisville	KY 40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Gen Coun & CDO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary L Dennison		Date of Receipt
	Mailing Address 4678 Mount Eden Roa	d	08 31 2011
	City	State Zip Code	Transaction ID: PR1094194822633
	Shelbyville	KY 40065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1	150.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 56 (check only one) X
7	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	name and address of any political committee t	to solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Michael J Bean		Date of Receipt
	Mailing Address 941 Mallard Creek Roa	ad	08 31 2011
	City	State Zip Code	Transaction ID: PR1094195122633
	Louisville FEC ID number of contributing federal political committee.	KY 40207	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Tax Planning	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$40.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Anne S Woods Mailing Address 7420 Falls Ridge Ct.		Date of Receipt
	City	State Zip Code	08 31 2011
	Louisville	KY 40241	Transaction ID: PR1094195422633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	72.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Internal Audit	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 612.00	P/R Deduction (\$36.00 Bi- Weekly)
-).	Full Name (Last, First, Middle Initial) Stephanie J Warren		Date of Receipt
	Mailing Address 2169 Balmer-Fenwick	Road	08 31 2011
	City	State Zip Code	Transaction ID: PR1094195722633
	Floyds Knobs FEC ID number of contributing federal political committee.	IN 47119	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Facility Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		162.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 56 (check only one) X 11a
4	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) John Lucchese		Date of Receipt
	Mailing Address 14401 Broad Oak Place	9	08 31 2011
	City	State Zip Code	Transaction ID: PR1094195922633
	Louisville	KY 40245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	850.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Rose M Michels		Date of Receipt
	Mailing Address 6503 Chenoweth Run F	Road	08 31 2011
	City	State Zip Code	Transaction ID: PR1094196022633
	Louisville	KY 40299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Tax Compliance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Joseph Landenwich		Date of Receipt
	Mailing Address 1822 Casselberry Road	I	08 31 YYYY 2011
	City	State Zip Code	Transaction ID: PR1094196322633
	Louisville	KY 40205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer Kindred Healthcare Inc.	Occupation SVPCrpLegalAffairs&CrpSec	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1020.00	P/R Deduction (\$60.00 Bi- Weekly)
Γ		>	250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 56 (check only one) X
A C	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
∠ \ .	Full Name (Last, First, Middle Initial) Arthur L Rothgerber			Date of Receipt
	Mailing Address 8325 Regency Woods	Way		08 / 31 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094196422633
	Louisville	KY	40220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		46.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Re	n imbursement	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		391.00	P/R Deduction (\$23.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Linda M O'Bryan			Date of Receipt
	Mailing Address 1614 Sylvan Way			08 31 7 9 9 1
	City	State	Zip Code	Transaction ID: PR1094196722633
	Louisville	KY	40205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VPPatien	n t Care &Quality-H	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	340.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Douglas Curnutte			Date of Receipt
	Mailing Address 1014 Springside Way			08 31 2011
	City	State	Zip Code	Transaction ID: PR1094197222633
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Fac &	n . Real Estate Dev	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (615 00 Di
	Other (specify)		255.00	P/R Deduction (\$15.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	1		116.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 56 (check only one) X
A	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u>/_</u>	Full Name (Last, First, Middle Initial) Brian L Caudill			Date of Receipt
	Mailing Address 1647 Beechwood Aven	ue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville	State KY	Zip Code 40204	Transaction ID: PR1094197322633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		52.00
	Name of Employer Kindred Healthcare Inc.	Occupation		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 442.00	P/R Deduction (\$26.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mary R Russell			Date of Receipt
	Mailing Address 7300 Wood Rock Rd			08 31 YYYYY 2011
	City	State	Zip Code	Transaction ID: PR1094197622633
	Louisville FEC ID number of contributing federal political committee.	C	40291	Amount of Each Receipt this Period 44.00
	Name of Employer Kindred Healthcare Inc.	Occupation	n counting-NCD	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 374.00	P/R Deduction (\$22.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) William M Altman			Date of Receipt
	Mailing Address 9103 Lexington Lane			M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1094198022633
	Louisville FEC ID number of contributing federal political committee.	C	40241	Amount of Each Receipt this Period 384.60
	Name of Employer Kindred Healthcare Inc.	Occupation	n tegy&PublicPolicy	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 3269.10	P/R Deduction (\$192.30 Bi- Weekly)
<u>ر</u>	SUBTOTAL of Receipts This Page (optional)			480.60

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/56 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Bobby V Bas			Date of Receipt
Mailing Address 2084 Wind River Ro	pad		M M / D D / Y Y Y Y
City	State	Zip Code	0 8 3 1 2 0 1 1 Transaction ID: PR1094198322633
El Cajon	CA	92019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Radiolog	n y Technologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) J. Harold Walker			Date of Receipt
Mailing Address 429 Freedom Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Sparta</u>	State TN	Zip Code 38583	Transaction ID: PR1094200122633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir (n Operations II	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Michael Comer			Date of Receipt
Mailing Address 12 Lewis			08 31 2011
City	State	Zip Code	Transaction ID: PR1094200422633
Irvine	CA	92620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		70.00
Name of Employer Kindred Healthcare Inc.	Occupation VP & CF	ⁿ O-West Reg-HD	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 595.00	P/R Deduction (\$35.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		130.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and a ror commercial purposes, other than using th	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Traci Shelton		Date of Receipt
	Mailing Address 2913 3rd. Street # 20	01	08 / 31 / Y Y Y Y Y
	City Santa Monica	State Zip Code CA 90405	Transaction ID: PR1094200622633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	380.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-West Reg-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	P/R Deduction (\$190.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Steven Monaghan		Date of Receipt
	Mailing Address 508 W. Melrose #7-A		08 31 2011
	City	State Zip Code	Transaction ID: PR1094200722633
	Chicago	IL 60657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-Cent Reg-HD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1020.00	P/R Deduction (\$60.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) John Miner		Date of Receipt
	Mailing Address 4730 Dunnie Drive		08 31 2011
	City	State Zip Code	Transaction ID: PR1094202122633
	<u>Tampa</u>	FL 33614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr CFO I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•	560.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Julie Feasel		Date of Receipt
	Mailing Address 6211 Iroquios Ct.		08 / 08 / 2011
	City <u>Odessa</u>	State Zip Code FL 33556	Transaction ID: PR1094203022633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Charles D Doten		Date of Receipt
	Mailing Address 7644 Harbour Blvd.		08 31 7 2011
	City	State Zip Code	Transaction ID: PR1094203622633
	Miramar FEC ID number of contributing federal political committee.	FL 33023	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Timothy L Simpson		Date of Receipt
	Mailing Address 140 Pioneer Trail		0 8 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: PR1094204322633
	Green Cove Springs FEC ID number of contributing federal political committee.	FL 32043	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Director II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	P/R Deduction (\$20.00 Bi- Weekly)
	SURTOTAL of Receipts This Page (optional)		110.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 26 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be name and address of	e sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	o namo ana adaroto c	or any pointed committee to	Control Control Control Control
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) James D Thigpen			Date of Receipt
Mailing Address 355 Woolsey Brooks			08 31 7 2011
City		ip Code	Transaction ID: PR1094204622633
<u>Fayetteville</u>	GA 3	0215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant Ops		
Receipt For:	Aggregate Year-	to-Date V	
Primary General Other (specify) ▼		255.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) E. Jane Jackson			Date of Receipt
Mailing Address 43171 Buttermere Te	race		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Z	ip Code	Transaction ID: PR1094205122633
<u>Ashburn</u>	VA 2	0147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Bus Impler	ment-HD	
Receipt For:	Aggregate Year-	to-Date ▼	
Primary General Other (specify) ▼		255.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) James J Novak	1		Date of Receipt
Mailing Address 9680 Ridgewalk Cour	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		ip Code	Transaction ID: PR1094205322633
<u>Davie</u>	FL 3	3328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-East	Reg-HD	
Receipt For:	Aggregate Year-	to-Date ▼	
Primary General Other (specify) ▼		714.00	P/R Deduction (\$42.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	1		144.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate for each cate Detailed Sun		FOR LINE NUMBER: PAGE 27 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11
4	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or use name and address of any poli	used by any person tical committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Sally I Hoffmann			Date of Receipt
	Mailing Address 12905 Trade Port Pla	ce		08 31 YYYY 2011
	City Riverview	State Zip Code FL 33579		Transaction ID: PR1094205722633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 33370		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Resource CEO HD		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Donna Kelsey			Date of Receipt
	Mailing Address 2075 E. Tivoli Hills Di	ive		08 31 2011
	City	State Zip Code		Transaction ID: PR1094210122633
	<u>Draper</u>	UT 84020		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-West Reg-NCD		
	Receipt For:	Aggregate Year-to-Date	7	
	Primary General Other (specify) ▼		425.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Katherine Davis			Date of Receipt
	Mailing Address 16450 Chalet Circle			08 31 2011
	City	State Zip Code		Transaction ID: PR1094210222633
	Westerfield	IN 46074		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Case Mgmt-N		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	255.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•		110.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 56 (check only one) X 11a
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	con for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
۷.	Full Name (Last, First, Middle Initial) Anita Tillery		Date of Receipt
	Mailing Address 3512 Raytee Drive		08 31 2011
	Channaka	State Zip Code	Transaction ID: PR1094211022633
	Chesapeake FEC ID number of contributing	VA 23323	Amount of Each Receipt this Period 40.00
	federal political committee.		
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Donna M Nackers	1	Date of Receipt
-	Mailing Address 1760 Waters Ferry Di	ive	08 31 2011
	City	State Zip Code	Transaction ID: PR1094212522633
	Lawrenceville	GA 30043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Operation Reimb	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00	P/R Deduction (\$15.00 Bi- Weekly)
. -	Full Name (Last, First, Middle Initial) Celeste M Bentley	Date of Receipt	
•	Mailing Address 3204 Eagle Avenue		08 31 2011
	City	State Zip Code	Transaction ID: PR1094213322633
	Key West	FL 33040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Reimb-NCD	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00	P/R Deduction (\$15.00 Bi- Weekly)
Γ			100.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 56 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may ne name and addre	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Lane M Bowen			Date of Receipt
Mailing Address 10966 Secret View Dr	ive		08 31 2011
City	State	Zip Code	Transaction ID: PR1094213622633
Sandy	UT	84092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP &	President-NCD	
Receipt For:	Aggregate Y	ear-to-Date ▼	
Primary General Other (specify) ▼		850.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Michael W Beal			Date of Receipt
Mailing Address 10 Glenwood Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094214122633
Windham	NH	03087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-East	t Reg-NCD	
Receipt For:	Aggregate Y	ear-to-Date ▼	
Primary ☐ General Other (specify) ▼		340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Susan A Kesterson	I		Date of Receipt
Mailing Address 2334 Heritage Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1094216222633
Corona	CA	92882	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Finance	cial Ana	
Receipt For:	Aggregate Y	ear-to-Date ▼	
Primary General Other (specify)		255.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	l		170.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
,	Any information copied from such Reports and sur for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Sylvia Burton		Date of Receipt
	Mailing Address 433 S. Plantation		08 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City Cookeville	State Zip Code TN 38506	Transaction ID: PR1094217622633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Angela Beth Sutton	1	Date of Receipt
	Mailing Address 17460 Farmington Sq	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1094218222633
	Granger	IN 46530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Regency Place Of South Be- nd	Occupation Dist Dir Operations I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mark S Pfeifer	1	Date of Receipt
	Mailing Address 11014 Brave Ct.		0 8 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: PR1094218422633
	Indianapolis	IN 46236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-
_	Other (specify) ▼	340.00	Weekly)
	SUBTOTAL of Receipts This Page (optional) .		100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 56 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		, , , ,	
Full Name (Last, First, Middle Initial) Gloria J Miller			Date of Receipt
Mailing Address 100 Village Circle Wa	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Durham	State NC	Zip Code 27713	Transaction ID: PR1094222122633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ronald D Long			Date of Receipt
Mailing Address 148 Cheyenne Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Shelbyville	State KY	Zip Code 40065	Transaction ID: PR1094224522633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Contr	act Admin	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Stephen F. Stoess			Date of Receipt
Mailing Address 514 Locust Creek Blvd	d.		08 31 2011
City Louisville	State KY	Zip Code	Transaction ID: PR1094224622633
FEC ID number of contributing federal political committee.	C	40245	Amount of Each Receipt this Period 46.80
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Te	n lecommunications	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 397.80	P/R Deduction (\$23.40 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			116.80
TOTAL This Period (last page this line number	r only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) James E. Bell			Date of Receipt
	Mailing Address 14213 Aiken Road			08 31 2011
	City	State	Zip Code	Transaction ID: PR1094225022633
	Louisville FEC ID number of contributing federal political committee.	C	40245	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Div	n y Reimb-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Paul R. Eiseman			Date of Receipt
	Mailing Address 3714 Fringe Tree Pla	ce		08 31 2011
	City	State	Zip Code	Transaction ID: PR1094225822633
	Louisville	KY	40241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Bus [n Dev & Phys Rel-HD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Catharine C Young	Date of Receipt		
	Mailing Address 6303 Deep Creek Driv	ve		08 31 YYYYY 2011
	City	State	Zip Code	Transaction ID: PR1094228022633
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP & Em	n ployment Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)			90.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 56 (check only one) X
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Mary W Miller			Date of Receipt
	Mailing Address 3201 Vista Verde Lan	e SW		M M / D D / Y Y Y Y Y A A A A A A A A A A A A A A
	City Tumwater	State WA	Zip Code 98512	Transaction ID: PR1094228422633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Clinical I	n mpl Cnslt	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Charles K. Currens			Date of Receipt
	Mailing Address 7801 McCarthy Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville	State KY	Zip Code 40222	Transaction ID: PR1094229122633
	FEC ID number of contributing federal political committee.	C	40222	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Dir IS Pr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) Keith Krein			Date of Receipt
	Mailing Address 3227 North 88th Stree	et		0 8 3 1 2 0 1 1
	City	State	Zip Code	Transaction ID: PR1094229822633
	Mesa FEC ID number of contributing federal political committee.	C	85207	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP &	n Chief Med Off-NCD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .			110.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Patricia M McGillan		Date of Receipt
Mailing Address 510 Altagate Rd		08 31 2011
City	State Zip Code	Transaction ID: PR1094229922633
Louisville	KY 40206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Pat Saf & Reg Compl-HD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	510.00	P/R Deduction (\$30.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Barbara L Baylis	1	Date of Receipt
Mailing Address 7212 Deer Ridge Roa	d	0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1094230022633
Prospect	KY 40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clin & Res Svcs-NCD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mary J Yesue	1	Date of Receipt
Mailing Address P. O. Box 921		08 31 2011
City	State Zip Code	Transaction ID: PR1094232122633
York Harbor	ME 03911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.00	P/R Deduction (\$15.00 Bi- Weekly)
SURTOTAL of Receipts This Page (optional)		130.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 56 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
∠ A.	Full Name (Last, First, Middle Initial) Edward J Goddard			Date of Receipt
	Mailing Address 32 Peters Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Wrentham	State MA	Zip Code 02093	Transaction ID: PR1094233522633
	FEC ID number of contributing federal political committee.	C	02093	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Labor	n Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)
— 3.	Full Name (Last, First, Middle Initial) Jeffrey F Luckett			Date of Receipt
	Mailing Address 7701 Kendrick Crossi	0 8 3 1 2 0 1 1		
	City	State	Zip Code	Transaction ID: PR1094234422633
	Louisville	KY	40291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		44.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Intern	n al Audit-IS	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		374.00	P/R Deduction (\$22.00 Bi- Weekly)
 ;.	Full Name (Last, First, Middle Initial) Peter D Corless	Date of Receipt		
	Mailing Address 3308 Overlook Ridge	Rd		08 31 2011
	City	State	Zip Code	Transaction ID: PR1094235222633
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HF	n R & Admin-NCD	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$30.00 Bi- Weekly)
S	SUBTOTAL of Receipts This Page (optional)	<u> </u>		144.00
	COTAL This Period (last page this line number			144.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
4	r for commercial purposes, other than using the	Statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Tamila Johnson-White		Date of Receipt
	Mailing Address 2615 Zhale Smith Rd.		08 31 7 2011
	City <u>LaGrange</u>	State Zip Code KY 40031	Transaction ID: PR1094235422633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Case Mgmt-NCD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Douglas Roth	I	Date of Receipt
	Mailing Address 9891 Heytesbery		0 8 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: PR1094237322633
	Sandy FEC ID number of contributing federal political committee.	UT 84092	Amount of Each Receipt this Period 80.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-West RegNCD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Douglas T Collins	I.	Date of Receipt
	Mailing Address 3703 River Bluff Road		08 31 2011
	City	State Zip Code	Transaction ID: PR1094241222633
	Prospect FEC ID number of contributing federal political committee.	KY 40059	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys-NCD	7
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional) .		160.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
. K	Full Name (Last, First, Middle Initial) Linda L Newberry-Ferguson		Date of Receipt
	Mailing Address 11310 Haleco Lane		08 31 2011
	City <u>Hales Corners</u>	State Zip Code WI 53130	Transaction ID: PR1094241922633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Diana Hanyak		Date of Receipt
	Mailing Address 17057 Rosebud Dr.		08 31 2011
	City	State Zip Code	Transaction ID: PR1094243422633
	Yorba Linda	CA 92886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administrator II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Philip L. Jones		Date of Receipt
	Mailing Address 702 Helmsdale Place	N.	08 31 2011
	City	State Zip Code	Transaction ID: PR1094243522633
	Brentwood	TN 37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off I	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	130.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separat for each cate Detailed Sur	e schedule(s) egory of the	FOR LINE NUMBER: PAGE 38 / 56 (check only one) X
A Oi	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or a name and address of any poli	used by any person tical committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
_	Full Name (Last, First, Middle Initial) Raymond J Sierpina			Date of Receipt
	Mailing Address 14 Westwind Road			08 / 000 / 2011
	City Louisville	State Zip Code KY 40207		Transaction ID: PR1094246622633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Public Pol &GovtA	ffair	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1700.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Steven Tanner			Date of Receipt
	Mailing Address 1059 Mt Vernon Dr			08 31 YYYY 2011
	City	State Zip Code		Transaction ID: PR1094246822633
	Greenwood	IN 46142		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III		
	Receipt For:	Aggregate Year-to-Date	7	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mark A Bush			Date of Receipt
	Mailing Address 8200 Adams Run Roa	d		0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: PR1094247122633
	Louisville	KY 40228		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Bus Devlp		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	255.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			290.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Thomas Wood		Date of Receipt
	Mailing Address 2949 Glascock Street		08 / 08 / 2011
	City Oakland	State Zip Code CA 94601	Transaction ID: PR1094247222633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.00	P/R Deduction (\$65.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt
	Mailing Address 15106 59th Place NE		08 31 7 2011
	City	State Zip Code	Transaction ID: PR1094247822633
	Kenmore FEC ID number of contributing federal political committee.	WA 98028	Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	510.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Sharon J Spittle		Date of Receipt
	Mailing Address 26 Estes Street		08 31 2011
	City	State Zip Code	Transaction ID: PR1094250022633
	Ipswich FEC ID number of contributing federal political committee.	MA 01938	Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$10.00 Wee-kly)
	SUBTOTAL of Receipts This Page (optional)	1	240.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 56 (check only one) X
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Benjamin A Breier		Date of Receipt
	Mailing Address 5400 Farm Ridge Lar		08 / 31 / 2011
	City	State Zip Code	Transaction ID: PR1094250922633
	Prospect FEC ID number of contributing	KY 40059	Amount of Each Receipt this Period
	federal political committee.	C	384.60
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Operating Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3269.10	P/R Deduction (\$192.30 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Steve Ross	1	Date of Receipt
	Mailing Address 35069 Roberts Lane	08 31 YYYYY	
	City	State Zip Code	Transaction ID: PR1135252622633
	St Helens	OR 97051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360.00	P/R Deduction (\$20.00 Wee-kly)
	Full Name (Last, First, Middle Initial) Josephine Litzenberger		Date of Receipt
	Mailing Address 11401 Dr. M.L.K. Jr. Apt 1201	Street N.	0 8 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: PR1135286922633
	St Petersburg	FL 33716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	36.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Managed Care	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	306.00	P/R Deduction (\$18.00 Bi- Weekly)
	UBTOTAL of Receipts This Page (optional) .	I	480.60

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each cat	te schedule(s) tegory of the ammary Page	FOR LINE NUMBER: PAGE 41 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and a for commercial purposes, other than using the	Statements may not be sold or aname and address of any po	used by any person litical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u></u>	Full Name (Last, First, Middle Initial) Gregory T Hayden			Date of Receipt
	Mailing Address 7207 Trail Ridge Coun	t		0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville	State Zip Code KY 40241		Transaction ID: PR1150400122633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir State Tax		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Rachael L Parker			Date of Receipt
	Mailing Address 70 Birch Ridge Rd			08 31 2011
	City	State Zip Code		Transaction ID: PR1150411122633
	Westford	VT 05494		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II		
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		340.00	P/R Deduction (\$10.00 Wee-kly)
_	Full Name (Last, First, Middle Initial) Pamela M Bresee			Date of Receipt
	Mailing Address 4155 SW 192nd Ave	nue		08 31 7 2011
	City	State Zip Code		Transaction ID: PR1227852422633
	Aloha	OR 97007		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	255.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			100.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 42 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold of any personal and address of a a	r used by any person olitical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Russell D Ragland			Date of Receipt
	Mailing Address 9902 Palace Green W	ay		08 31 YYYY 2011
	City <u>Vienna</u>	State Zip Code VA 22181	•	Transaction ID: PR1267998122633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Fin-NCD		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	850.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Catherine Nurmela			Date of Receipt
	Mailing Address 1409 W. Elmdale			0 8 3 1 2 0 1 1
	City	State Zip Code)	Transaction ID: PR1267998422633
	Chicago FEC ID number of contributing federal political committee.	IL 60660	1 1	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clinical Off II		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	270.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Donna Sroczynski	I		Date of Receipt
	Mailing Address 399 Fountain Drive			0 8 3 1 2 0 1 1
	City Elgin	State Zip Code)	Transaction ID: PR1281185322633
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-Central	RegNCD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	340.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		185.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
<u></u>	Full Name (Last, First, Middle Initial) Diane L. Otteman		Date of Receipt
	Mailing Address 40 East Cedar Apt. #21A		08 / 31 / 2011
	City Chicago	State Zip Code IL 60611	Transaction ID: PR1300206422633
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	P/R Deduction (\$15.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Rita D Simmons		Date of Receipt
	Mailing Address 200 Franck Avenue		0 8 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: PR1333437022633
	Louisville FEC ID number of contributing federal political committee.	KY 40206	Amount of Each Receipt this Period 32.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ops Risk Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00	P/R Deduction (\$16.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mark D. Johnson		Date of Receipt
	Mailing Address 3011 Springcrest Driv	/e	0 8 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: PR1336786722633
	Louisville FEC ID number of contributing federal political committee.	KY 40241	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Mgr Desktop Supp	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)
Γ	SURTOTAL of Receipts This Page (optional)		107.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 56 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Patrick Herm		Date of Receipt
Mailing Address 11004 Fox Moore Cou		08 31 7 2011
City Louisville	State Zip Code KY 40223	Transaction ID: PR1336787122633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc	Occupation Reg Financial Ana	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) James C Hansen		Date of Receipt
Mailing Address 1944 South 275 East	08 31 YYYY 2011	
City	State Zip Code	Transaction ID: PR1394177122633
Clearfield FEC ID number of contributing federal political committee.	UT 84015	Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Operation Reimb	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mary D Van De Kamp		Date of Receipt
Mailing Address 251 Arbor Lane		08 31 2011
City Green Bay	State Zip Code WI 54301	Transaction ID: PR1408953122633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clinical Ops-PRS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 56 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Pamela A. Justice		Date of Receipt
Mailing Address 5912 Mercury Dr		08 31 7 2011
City <u>Louisville</u>	State Zip Code KY 40291	Transaction ID: PR1408953222633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys Dev	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Katherine W Gilchrist		Date of Receipt
Mailing Address 1668 Victory Court	08	
City	State Zip Code	Transaction ID: PR1524244422633
Prospect	KY 40059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Finance-PRS	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 370.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Christopher Murphy		Date of Receipt
Mailing Address 17108 Deercrossing	Trail	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fisherville	State Zip Code KY 40023	Transaction ID: PR1582894522633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Central Reg-NCD	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 56 (check only one) X
0	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Mark Guth		Date of Receipt
	Mailing Address 28746 Little Big Horn D	rive State Zip Code	0 8 3 1 2 0 1 1
	City Evergreen	CO 80439	Transaction ID: PR1604601522633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Sales & MktingNCD	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Mary Jane Dailey		Date of Receipt
	Mailing Address 10411 Loving Trail Driv	0 8 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1618127522633
	Frisco	TX 75035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Kindred Healthcare, Inc.	Occupation VP & CCOSoWest Reg-HD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1700.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Michael Lawson	Date of Receipt	
	Mailing Address 2385 Nutwood Place		08 / 31 / 2011
	City	State Zip Code	Transaction ID: PR1618128722633
	Manteca	CA 95336	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	P/R Deduction (\$35.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	• /	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Darrin Hull			Date of Receipt
Mailing Address 277 Bark River Cour	rt		M M / D D / Y Y Y Y
City	State	Zip Code	0 8 3 1 2 0 1 1 Transaction ID: PR1622380122633
<u>Delafield</u>	WI	53018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Kindred Healthcare Inc.	Occupatio Dist Dir (n Operations II	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Susan D. Rose			Date of Receipt
Mailing Address 3402 Acacia Avenue			08 / 01 / 9 9 9 11
City	State	Zip Code	Transaction ID: PR1622380222633
Shepherdsville FEC ID number of contributing	C	40165	Amount of Each Receipt this Period 30.00
federal political committee.	Occupatio	n	_
Name of Employer Kindred Healthcare Inc.	Dir Intern		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		255.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Robert Groezinger			Date of Receipt
Mailing Address 25537 Jane Street			08 31 2011
City	State	Zip Code	Transaction ID: PR1668092322633
San Bernardino	CA	92404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Kindred Healthcare Inc.	Occupatio Area Mgi		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$15.00 Bi-
Other (specify) ▼		255.00	Weekly)
SUBTOTAL of Receipts This Page (optional			100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
4	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any peen name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
/	Full Name (Last, First, Middle Initial) Michelle Mullen		Date of Receipt
	Mailing Address 24840 Kennedy Ridge	Rd	08 / 01 / 2011
	City North Olmsted	State Zip Code OH 44070	Transaction ID: PR1774751222633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Clinical Off II	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Jeff Hoehn		Date of Receipt
	Mailing Address 5912 N. Shoreland Av	0 8 3 1 2 0 1 1	
	City	State Zip Code	Transaction ID: PR1774751622633
	Milwaukee	WI 53217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer Kindred Healthcare	Occupation Executive Dir II	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Philip B Ragsdell	Date of Receipt	
	Mailing Address 12004 Log Cabin Land	9	08 31 2011
	City	State Zip Code	Transaction ID: PR1784229522633
	Louisville FEC ID number of contributing federal political committee.	KY 40223	Amount of Each Receipt this Period 44.00
	Name of Employer Kindred Healthcare	Occupation Dir Customer Supp	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 374.00	P/R Deduction (\$22.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1	154.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
	Full Name (Last, First, Middle Initial) Timmy L. Hesson		Date of Receipt
	Mailing Address 2710 Pikes Peak Boule	evard	0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville	State Zip Code KY 40214	Transaction ID: PR1784230722633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Wintel & Storage Mgmt	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Lawrence J. Toye		Date of Receipt
	Mailing Address 3 September Lane		08 31 7 2011
	City	State Zip Code	Transaction ID: PR1784230822633
	Burlington	MA 01803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare	Occupation Controller	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Carol Falo		Date of Receipt
	Mailing Address 7041 Clubview Dr		0 8 3 1 Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1784231522633
	Bridgeville	PA 15017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Kindred Healthcare	Occupation Chief Clinical Off II	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		110.00

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FOR LINE NUMBER: PAGE 50 / 56 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Date of Receipt Barry Somervell Mailing Address 339 Gillette Drive 8 0 31 2011 City State Zip Code Transaction ID: PR1835833722633 Franklin TN 37069 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Bus Dev NCD Receipt For: Aggregate Year-to-Date Primary General P/R Deduction (\$50.00 Bi-850.00 Weekly) Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	100.00
TOTAL This Period (last page this line number only)	•	42635.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 56 (check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) RehadCare Group Inc. PAC Mailing Address 7733 Forsyth Blvd, Su	ite 2300	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 42001617
St. Louis	MO 63105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00407130	9889.51
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 9889.51	Transfer

SUBTOTAL of Receipts This Page (optional)	>	9889.51
TOTAL This Period (last page this line number only)	•	9889.51

SCI	HEDULE I	B (FEC Form	3X)	Use sepa	arate schedule(s)		-	IE NUMBER: PAGE 52 / 56
ΙΤΕ	MIZED DIS	SBURSEMEN	ITS	for each	category of the Summary Page		(check of 21b 27	niy one) 22 X 23 24 25 28a 28b 28c 29
								n for the purpose of soliciting contributions solicit contributions from such committee
N	IAME OF COMI	MITTEE (In Full)	ing the name	, and addition	oo or any pomaoa			
	full Name (Last, Friends of Joh	First, Middle Initial) n Boehner						Transaction ID: 41456910 Date of Disbursement
M	Mailing Address	7908 Cincinna	ti Dayton F	Road, Suit	te			08 / 02 / 2011
	City Vest Chester			State OH	Zip Code 45069			Amount of Each Disbursement this Period
С	Purpose of Disbu	irsement					011	5000.00
R	Candidate Name Rep. John A. E		1 5: .		2242		ategory/ Type	
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2012 General			Contribution
F	State: OH District: 08 Full Name (Last, First, Middle Initial) Friends of John Boehner							Transaction ID: 41456911 Date of Disbursement
N	Mailing Address 7908 Cincinnati Dayton Road, Suite							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Vest Chester			State OH	Zip Code 45069			Amount of Each Disbursement this Period
С	Purpose of Disbu	irsement					011	5000.00
R	Candidate Name Rep. John A. Boehner						itegory/ Type	
	Office Sought:	X House Senate President District: 08	Disburse	ment For: Primary Other (spe	2012 X General ecify) ▼			Contribution
	, .	First, Middle Initial) blican Senatorial (Committee					Transaction ID: 41456913 Date of Disbursement
M	Mailing Address 425 Second Street, NE							M8 M / D0 D / Y Y Y Y Y
	City Vashington			State DC	Zip Code 20002			Amount of Each Disbursement this Perio
С	Purpose of Disbursement Contribution					_	011	5000.00
N	Candidate Name National Republican Senatorial Committee						itegory/ Type	_
_	Office Sought:	House	Disburse	ment For: Primary	General			Contribution
С		Senate President		Other (spe				

ITEMIZED DISCHARACIO		Use separate schedule(s)		(check or		E NUMBER: PAGE 53 / 56 nly one)					00	
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	24 28		25 29	2 3
	ly Information copied from such Reports and Staten for commercial purposes, other than using the nam											
\setminus	NAME OF COMMITTEE (In Full)											
$ \rangle$	Kindred Healthcare, Inc. PAC											
	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Con	amittoo						on ID:	414	5691	4	
	Mailing Address 430 South Capitol Street						M /		2 /	Y	2 0 1 1	Y
	2nd Floor											
	City Washington	State Zip Code DC 20003				Amou	int of	Each	Disbui		nt this F	-
	Purpose of Disbursement Contribution		Г	01	1		_	_		50	00.00	
	Candidate Name Democratic Congressional Campaign Con	ımittee		ateg Typ								
	Senate President	ement For: Primary General Other (specify)	1			Contr	ibuti	ion				
_	State: District: Full Name (Last, First, Middle Initial)					Trans	actio	on ID:	414	5691		
	Prosperity PAC					Date of		sburse	ement		-	V
	Mailing Address 1006 Pendleton Street						М /	ြီ 0	2 /	¥ 2	ž 0 1 1	Y
	City Alexandria	State Zip Code VA 22314				Amou	ınt of	Each	Disbur		nt this F	-
	Purpose of Disbursement Contribution		011	1					25	500.00		
	Candidate Name Category/ Prosperity PAC Type											
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	1			Contr	ibuti	ion				
	Full Name (Last, First, Middle Initial) Cantwell Victory 2012					Date	of Di	sburse				
	Mailing Address 130 Nickerson Street Suite 312					0 ^M 8	M /	^D 0	2 /	Y	2011	Y
	City Seattle	State Zip Code WA 98111				Amou	int of	Each	Disbur	rseme	nt this F	eriod
	Purpose of Disbursement Contribution				1		-			1(00.00	
					ory/							
	Office Sought: House Disburse Senate	ement For: Primary General Other (specify) \(\bigvarpsi	1	71-		Contr	ibuti	ion				
	President											
	President State: District:											

		Use separate schedule(s))K LINE heck onl					170	iE 54/	30
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\blacksquare	24 28c	25 29	П
	r Information copied from such Reports and State or commercial purposes, other than using the nan											
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC											
<u>/ </u>	Full Name (Last, First, Middle Initial) Committee to Re-Elect Loretta Sanchez						of Di	on ID:			13 2 0 1	Y
	Mailing Address 1212 South Victory Blvc											
	City Burbank	State Zip Code CA 91502				Amou	int o	f Each	Disb	ursem	ent this	Perio
	Purpose of Disbursement Contribution Candidate Name				jory/	L.	•	•		•	1000.0	0
	· —	ement For: 2012 Primary Genera Other (specify)		Тур	oe	Contr	ibut	ion				
	Full Name (Last, First, Middle Initial) Mike Crapo For U.S. Senate						isburs	ement			Y	
	Mailing Address P.O. Box 1948					0 8			25		ž 0 Ĭ	1
	City Boise	State Zip Code ID 83701				Amou	int o	f Each	Disb		ent this	
	Purpose of Disbursement Contribution Candidate Name Sen. Michael D. Crapo			01 ateg	jory/		•	•		•	0.000.0	•
	ÿ	ement For: 2016 Primary Genera Other (specify)	-!			Contr	ibut	ion				
	Full Name (Last, First, Middle Initial) National Republican Congressional Comr	nittee					of Di	isburs	ement			
	Mailing Address 320 First Street, SE					8 ^M 0	М	[/] 3	3 O	/ L	ž 0 1	1 Y
	City State Zip Code Washington DC 20003					Amou	int o	f Each	Disb	ursem	ent this	Perio
	Purpose of Disbursement Contribution			01						. 1:	5000.0	0
	Candidate Name National Republican Congressional Comr	nittee		ateg Typ	jory/ e							
	Senate President	ement For: Primary Genera Other (specify) ▼	1			Contr	ibut	ion				
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IT	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports a for commercial purposes, other than using	•		, , ,	
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
	Full Name (Last, First, Middle Initial) Kevin McCarthy For Congress Mailing Address PO Box 12667				Transaction ID: 41817788 Date of Disbursement
	City Bakersfield Purpose of Disbursement Contribution Candidate Name	State CA	Zip Code 93389	011 Category/	Amount of Each Disbursement this Period 2500.00
	Rep. Kevin McCarthy Office Sought: X House Senate President State: CA District: 22	Disbursement For: X Primary Other (spe	2012 General	Туре	Contribution

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	45500.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name	,	, ,	' '
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Kentucky House Democratic Caucus Camp Mailing Address P.O. Box 4204	paign Committee		Transaction ID: 41456920 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code KY 40604		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	1000.00	
Candidate Name	C	Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		Contribution

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	—	1000.00